

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 532315

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4		↓		↓	
TOTAL DEP.	24	←	↑	↑	←	↓
TOTAL CLAIMS	28	[QR]	[QR]	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	↑	↑	←	↓
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]